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## \*\* CONTINUING DATA \*\*\*\*\*

None

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials <u>RG</u>	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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## TITLE

INTEGRAL COVERED NOZZLE WITH ATTACHED OVERCOVER

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